



TRANSMITTAL OF EMPLOYEE'S FEDERAL OR STATE WITHHOLDING EXEMPTION CERTIFICATE

TO	DPC 200/363B	1. STATION NO.	2. TYPE OF WITHHOLDING CERTIFICATE <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE (If, "State," complete Item 3)	3. NAME OF STATE
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NOTE: Use separate form when submitting forms for both Federal and State Taxing authority.

LINE NO.	NAME OF EMPLOYEE	SOCIAL SECURITY NO.	LINE NO.	NAME OF EMPLOYEE	SOCIAL SECURITY NO.
1			10		
2			11		
3			12		
4			13		
5			14		
6			15		
7			16		
8			17		
9			18		

4. SIGNATURE OF SUPERVISOR, CONTROL POINT ACTIVITY	5. DATE
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